

2015 - 2019 Capital Budget Request Form

Department Agency Number	220 / 2297	Contact Name	Patrick Sullivan						
Department Name	EMD	Contact Number	658-8617						
Date	5/22/2013	Contact E-Mail	psullivan@nola.gov						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2015	2016	2017	2018	2019
1	1	144	EMD Alvar Shop	5,000,000	5,000,000	0	0	0	0
2	2	144	NOFD Apparatus	23,825,000	7,650,000	4,650,000	4,700,000	3,025,000	3,800,000
3	3	111	Wall Satellite	400,000	0	0	40,000	360,000	0
4	4	111	Broad Renovations	200,000	0	20,000	180,000	0	0
5	5	111	Wall Canopy	180,000	0	0	0	18,000	152,000
6	6	120	Sanitation Equipment	927,000	927,000	0	0	0	0
7	6	120	Parkway Equipment	830,000	830,000	0	0	0	0
8	6	120	Property Management Equipment	240,000	240,000	0	0	0	0
9	6	120	Public Works Equipment	418,000	418,000	0	0	0	0
TOTAL				32,020,000	15,065,000	4,670,000	4,920,000	3,403,000	3,952,000

Department Head
Signature _____

Printed Name

Jeff Cashill

Date _____

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	New satellite repair facility at Wall Street.	Department Priority Ranking	3
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Project Address	2341 Wall Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	New satellite repair facility at the Wall street fuel facility. The facility should have six (6) working bays to support four to six employees and parking for 15 vehicles surrounding the 80X 50 metal building which houses the facility.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 400,000.00	Proposed Funding Source	bond fund
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	Improved repair facility for city vehicles.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2017 and 2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	TOTAL Ranking	Department Name	#N/A
Project Name	New satellite repair facility at Wall Street.	Department Priority Ranking	3
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	1	3	
Operating Budget	4	12	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	3	9	
Benefit/ Cost	2	6	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	37	111	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Broad Street Fuel Renovations	Department Priority Ranking	4
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	No
Project Address	506 North Broad Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Renovation of the Broad St. Fuel facility including new control building, fencing improvement, electrical, security, and communications upgrades with emergency generator.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	bond funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	Increased aesthetics and improved reliability in fuel dispensing.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2016 and 2017
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Broad Street Fuel Renovations	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	1	3	
Operating Budget	4	12	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	3	9	
Benefit/ Cost	2	6	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	37	111	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Wall Street Fuel Canopy	Department Priority Ranking	5
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Project Address	2341 Wall Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	New 30' X 50', lighted, metal canopy for the Wall Street fuel facility. Currently protection from the elements are not provided at this location.		
Five Year Summary	N/A		
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 180,000.00	Proposed Funding Source	bond funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	3
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	This provides security and protection for employees while fueling City vehicles.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2018 and 2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	TOTAL Ranking	Department Name	#N/A
Project Name	Wall Street Fuel Canopy	Department Priority Ranking	Blank
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	1	3	
Operating Budget	4	12	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	3	9	
Benefit/ Cost	2	6	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	37	111	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	NOFD Capital Equipment	Department Priority Ranking	2
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	3800 Alvar	Council District	ALL
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The NOFD has continually endeavored to address the adequate replacement of all of its emergency vehicles. Maintaining vehicles beyond their useful life is a financial hardship on the city's budget. It reduces the reliability of these vehicles to perform critical functions and it impacts the safety of the community as well as fire personnel. The FD requires a fleet of 26 pumpers (4 spares), 7- Sqrts, 12 Ladder Trucks (2 spares) and 3- Heavy rescue/Haz Mat Units. Currently, the department is under contract to lease a portion (14) of their fire apparatuses through the year 2014-2015. Most of the remainder of the fleet were purchased after Katrina with PW funding. A balloon payment is required in the final year of the contract, creating a balance of \$1.00. The FD can purchase these units or renegotiate a new lease with the current vendor, American LaFrance (ALF). ALF filed for bankruptcy in 2008 and the FD is having difficulty obtaining warranty repairs and parts for units in service. The FD does not plan on leasing from ALF in the future. Due to the length of time to design and manufacture fire apparatuses to serve the needs of the NOFD, negotiations should begin in the near future to ensure the fleet remains updated. The FD is requesting the city fund an annual lease payment or purchase the vehicles out right.		
Five Year Summary	The FD anticipates the replacement of 10% of their fleet a year to keep the city's fire protection vehicles current and operational. This will reduce maintenance cost and increase the functionality of the department. Funding for purchases or a new lease is requested. From information gathered, the NOFD would like to establish n Emergency Vehicle Replacement Program. Emergency Vehicle Life Expectancies have been established as followed:• Pumpers – 10 years front line service and 5 years reserve. Ladder Trucks – 12 years front line service and 5 years spare. Heavy Rescue – 10 years front line service and 5 years spare. Hose Tender, Water Tenders & Salvage Units – 20 Years front line service – 5 years spare. Current 2012 Emergency Vehicle Cost: Pumper – \$500,000.00. Squirt - \$650,000.00. Ladder truck - \$800,000.00. Heavy Rescue - \$750,000.00		
Has an Architect or Engineer prepared drawings for this project?	NO	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	NO	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$23,825,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	The Fire Department plans to implement a replacement program for their apparatuses in direct alignment with the goals described in this section of the Master Plan. By updating their fleet in a timely manner, service capacity will improve. The FD foresee the advancement of the public safety goals and objectives: the continued support and expansion of community based public safety programs and to strengthen our ability to respond to emergencies by having modern vehicles from which they can operate.		
What Benefit(s) will be provided to Public from this project?	With an updated fleet of apparatuses, the public will benefit from an enhanced response if front line equipment is in service and a reduction in cost to repair out dated units.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015 to 2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	TOTAL Ranking	Department Name	#N/A
Project Name	NOFD Capital Equipment	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	3	9	
Protection of Capital Stock	3	9	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	3	9	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	1	3	
Intensity of Use	3	9	
Scheduling	4	12	
Benefit/ Cost	3	9	
Potential for Duplication	2	6	
Availability of Financing	3	9	
Special Need	2	6	
Entergy Consumptom	3	9	
Timeliness/ External	3	9	
Public Support	3	9	
TOTAL Ranking	48	144	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Sanitation Capital Equipment	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	3800 Alvar	Council District	ALL
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This request is for one refuse trucks, one flusher, one dump truck, one truck tractor, one roll off container (40cy), two roll off containers (30cy), and one front end loader		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 927,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	With updated equipment, the public will benefit from an enhanced service and a reduction in cost to repair out dated units.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Sanitation Capital Equipment	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	2	6	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	4	12	
Benefit/ Cost	2	6	
Potential for Duplication	3	9	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	2	6	
TOTAL Ranking	40	120	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Parkway Capital Equipment	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	3800 Alvar	Council District	ALL
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This request of for two aerial trucks, one refuse trucks, one stake-body dump trucks, one water tank trucks, one loader backhoe with trailer, and four 50 hp Tractors		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 830,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	With updated equipment, the public will benefit from an enhanced service and a reduction in cost to repair out dated units.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Parkway Capital Equipment	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	2	6	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	4	12	
Benefit/ Cost	2	6	
Potential for Duplication	3	9	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	2	6	
TOTAL Ranking	40	120	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Property Management Capital Equipment	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	3800 Alvar	Council District	ALL
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This request of for one welding truck, one mobile sound stage MAP24, and one stake-body truck with lift gate.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 240,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	With updated equipment, the public will benefit from an enhanced service and a reduction in cost to repair out dated units.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Property Management Capital Equipment	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	2	6	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	4	12	
Benefit/ Cost	2	6	
Potential for Duplication	3	9	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	2	6	
TOTAL Ranking	40	120	

Capital Budget Request Form			
Agency Number	220	Department Name	Chief Administrative Officer
Project Name	Public Works Capital Equipment	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	3800 Alvar	Council District	ALL
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.		This request of for one aerial bucket truck, one 5 ton vibratory roller, one front end loader and one crew cab dump truck.	
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 418,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	With updated equipment, the public will benefit from an enhanced service and a reduction in cost to repair out dated units.	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	Public Works Capital Equipment	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	1	3	
Protection of Capital Stock	4	12	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	2	6	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	1	3	
Intensity of Use	4	12	
Scheduling	4	12	
Benefit/ Cost	2	6	
Potential for Duplication	3	9	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	2	6	
Timeliness/ External	1	3	
Public Support	2	6	
TOTAL Ranking	40	120	

Capital Budget Request Form

Agency Number	220	Department Name	Chief Administrative Officer
Project Name	New EMD Central Mainenance Facility at 3900 Alvar	Department Priority Ranking	1
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Project Address	3900 Alvar Street	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This project request augment FEMA project worksheet 1908 to allow the construction of a new Equipment Maintenance Division central facility at 3900 Alvar in council district D.		
Five Year Summary	The EMD facility at 3800 Alvar will be the primary repair site for City vehicles. The City has over 2500 vehicles in the fleet.		
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	Linfield, Hunter and Junis is funded by AFIN purchase order PC 450 00000029652 coded to project C3600SRC.
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	This project will decrease operations cost since it will expand EMD in house capability and the City will be less reliant on higher priced vendors.
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,000,000.00	Proposed Funding Source	bond funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	Reduced overall operating cost and will allow city managers control over repair priority	For what year are you requesting the Project? 2015,2016, 2017, 2018, or 2019	2015

Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	
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Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	New EMD Central Maintenance Facility at 3900 Alvar	Department Priority Ranking	2

Categories	Rating	Score
Public Health and Safety	3	9
External Requirement	1	3
Protection of Capital Stock	4	12
Economic Development	1	3
Operating Budget	4	12
Life Expectancy of Project	4	12
Number of Population Served by Project	4	12
Relation to Adopted Plan	1	3
Intensity of Use	4	12
Scheduling	4	12
Benefit/ Cost	4	12
Potential for Duplication	4	12
Availability of Financing	3	9
Special Need	1	3
Energy Consumption	4	12
Timeliness/ External	1	3
Public Support	1	3
TOTAL Ranking		